



Viking Underwriters

Excellence in Worker's Compensation Insurance

Agency Profile

Name	
Street Address	
City	
Zip	

FEIN	
Phone	
Fax	
Website	
E-mail	
E-mail	

If there are multiple locations, please list on a separate sheet.

List agency principals:

What is the agency Premium Volume: _____

What percentage of business is:

Workers Compensation: _____
 General Liability: _____
 Other P & C Lines: _____
 Other Lines: _____

Please list your major carriers:

Please list the AGENCY License: State: _____ License # _____

Please list the PRODUCER License:

Name: _____ State: _____ License# _____

Name: _____ State: _____ License# _____

Name: _____ State: _____ License# _____



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E & O Carrier/Policy # _____ Expiration Date _____

Limits: _____
(minimum \$1,000,000)

This Agreement is made this day _____ of _____ 20_____, by and between _____ hereinafter called PRODUCER, and VIKING UNDERWRITERS, hereinafter called VU.

Now, therefore, Producer and VU agree as follows:

A. Licensing

Producer warrants being properly licensed for the type of insurance submitted to VU and agrees to provide evidence thereof as may be required from time to time.

B. Commission

1. VU shall determine the commission payable to the Producer on each account.
2. Commission shall be payable to the PRODUCER within a reasonable time from receipt of commission from the respective carriers.
3. PRODUCER agrees to return commissions on cancellation or return premium endorsements, and audits if applicable.

C. Binding Authority

PRODUCER shall have no authority to bind any risk on behalf of VU.

C. Fax Consent Form:

PRODUCER authorizes VU permission to fax and/or e-mail unsolicited commercial advertisements including proposals, price quotes, insurance applications, reminders that policies are about to expire or should be renewed; notice of cancellation; description of insurance coverage, including markets, classes and on-line programs offered for sale, "Special Events" and conferences; solicitations to sponsor events to the fax numbers and e-mail addresses listed on this document.

Agency Principal:

Date: _____

Please return with copies of your E & O dec page, Copies of Agency and producer Licenses.